

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/815653	FILING DATE 7/2/04				
							APPLICANT(S) 7/2/04					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1			1				51			1		
2			1				52			1		
3			1				53			1		
4			1				54			1		
5			1				55			1		
6			1				56			1		
7			1				57			1		
8			1				58			1		
9			1				59				4	
10			1				60				20	
11			1				61				20	
12				11			62				12	
13				11			63				12	
14				11			64				12	
15				11			65				12	
16				11			66				24	
17				11			67				24	
18			1				68					
19			1				69					
20			1				70					
21			1				71					
22			1				72					
23			1				73					
24			1				74					
25			1				75					
26			1				76					
27			1				77					
28			1				78					
29				11			79					
30				11			80					
31				11			81					
32				11			82					
33				11			83					
34				11			84					
35			1				85					
36			1				86					
37			1				87					
38			1				88					
39			1				89					
40			1				90					
41			1				91					
42			1				92					
43			1				93					
44			1				94					
45			1				95					
46			1				96					
47			1				97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	46		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓	272		↓
TOTAL CLAIMS							TOTAL CLAIMS			318		